<b>BCC NAME</b> HIV PREVENTION C	OMMUNITY PLANNING BOARD, SD COUNTY
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COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY CONTACT PERSO LAUREN F	UREN FARBER
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PHONE NUMBER (619) 296-3400 MAILSTOP P501C FAX NUMBER (619) 296-2688

E-Mail Addre	sarroyo@sdo	chc.com				
MEMBER NAME	Arroyo, Smiley					
APPOINTMENT	10/5/2004 <i>MO</i>	<sup>#</sup> 7	EXPIRATION	9/30/2007	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT			COMMENTS	Community R Elaine	epresentativ	e. Replaces Lewi
MEMBER NAME	Barnes, Nielan					
APPOINTMENT	8/5/2003 <i>MO</i> 7	<b>#</b> 3	EXPIRATION	7/31/2006	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT			COMMENTS	1st term begir Representativ		Community
MEMBER NAME	Brosnan, Elizabeth					
APPOINTMENT	10/5/2004 <i>MO</i>	<sup>#</sup> 7	EXPIRATION	9/30/2007	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT			COMMENTS	HIV Planning	Council Rep	resentative.
MEMBER NAME	Burhenne, Richard					
APPOINTMENT	5/18/2004 <i>MO</i>	<b>#</b> 3	EXPIRATION	6/30/2007	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT			COMMENTS	Community R 7/14/04	epresentativ	e.Term starts
MEMBER NAME	Burshaw, Michael					
APPOINTMENT	MO	<b>#</b>	EXPIRATION		TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF HHSA		APPOINTED BY	Department o Agency	f Health and	Human Services
REQUIREMENT	AIDS/COMMUNITY EPIC REPRESENTATIVE	DEMIOLOGY	COMMENTS	Health Depart	ment Appoir	ntees.

BCC NAME HIV PREVENTION COMMUNI						ANNING BOA	ARD, SD CO	UNTY		
COUNTY DEPAR	RTMEN	HEALTI	H & HUM	AN SERVIC	CES AGE	ENCY	CONTAC	CT PERS	SO LAU	REN FARBER
PHONE NUMBE	R	(619) 29	96-3400	MAIL	STOP	P501C	FAX NU	FAX NUMBER (619) 296-268		
E-Mail Address	:	john.do	ggett@sc	dcounty.ca.	gov					
MEMBER NAME	Doggett,	John								
APPOINTMENT	8/5/2003		<i>MO</i> #	3	1	EXPIRATION	7/31	1/2006	TERM	SEE FACTS
NOMINATED BY	DIRECTO	R OF HH	SA		A	APPOINTED BY	Boa	rd of Sup	ervisors	
REQUIREMENT					Ó	COMMENTS		nmunity Re 12/03	epresentativ	re.1st appointment
MEMBER NAME	Dunn, De	ennis								
APPOINTMENT	5/18/2004	4	<i>MO</i> #	3	1	EXPIRATION	6/30	)/2007	TERM	SEE FACTS
NOMINATED BY	-				A	APPOINTED BY	Boa	rd of Sup	ervisors	
REQUIREMENT					C	COMMENTS	Com 7/14		epresentativ	ve.Term starts
MEMBER NAME	Farber, l	Lauren								
APPOINTMENT			<i>MO</i> #		1	EXPIRATION			TERM	SEE FACTS
NOMINATED BY	DIRECTO	R OF HHSA			A	APPOINTED BY		Department of Health and Human Service Agency		
REQUIREMENT	OFFICE (	OF AIDS COORDINATION			(	COMMENTS	Hea	Health Department Appointees.		
MEMBER NAME	Garcia, I	- elipe								
APPOINTMENT	10/5/2004	4	<i>MO</i> #	7	1	EXPIRATION	9/30	)/2007	TERM	SEE FACTS
NOMINATED BY	DIRECTO	R OF HH	SA		A	APPOINTED BY	Boa	rd of Sup	ervisors	
REQUIREMENT					(	COMMENTS	Com	nmunity R	epresentativ	e.

MEMBER NAME	Garcia, Raque	ıl					
APPOINTMENT	10/5/2004	<i>MO</i> #	7	<b>EXPIRATIO</b> N	9/30/2007	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF I	DIRECTOR OF HHSA		APPOINTED BY	Board of Supervisors		
REQUIREMENT				COMMENTS	Community R	epresentative	<b>).</b>

<b>BCC NAME</b> HIV PREVENTION C	OMMUNITY PLANNING BOARD, SD COUNTY
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COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY CONTACT PERSO LAUREN F	UREN FARBER
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PHONE NUMBER (619) 296-3400 MAILSTOP P501C FAX NUMBER (619) 296-2688

E-Mail Address: jgonzalez@fhcsd.com

E-Mail Address.	jgonza	llez@fhcs	d.com					
MEMBER NAME	Gonzalez, Jona	than						
APPOINTMENT	5/18/2004	<i>MO</i> #	3	EXPIRATION	6/30/2006	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF H	HSA		APPOINTED BY	Board of Sup	ervisors		
REQUIREMENT				COMMENTS	Community R 6/30/04	epresentative	e.Term starts	
MEMBER NAME	Greene, Rev. Jo	ohn						
APPOINTMENT	5/18/2004	<i>MO</i> #	3	EXPIRATION	6/30/2006	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF H	HSA		APPOINTED BY	Board of Supervisors			
REQUIREMENT				COMMENTS	Community R 6/30/04	epresentative	e.Term starts	
MEMBER NAME	Gunn, Robert, M	1D						
APPOINTMENT		<i>MO</i> #		EXPIRATION		TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF HHSA			APPOINTED BY	Department of Health and Human Services Agency			
REQUIREMENT	OFFICE OF PUBL REPRESENTATIV		Н	COMMENTS	HHSA Appoir	ntees.		
MEMBER NAME	Hunt, Carolyn							
APPOINTMENT	10/5/2004	<i>MO</i> #	7	EXPIRATION	9/30/2007	TERM	SEE FACTS	
NOMINATED BY	DIRECTOR OF HHSA			APPOINTED BY	Department of Health and Human Service Agency			
REQUIREMENT	OFFICE OF PUBLIC HEALTH COMMENTS Community Represer REPRESENTATIVE				epresentative	<del>)</del> .		
MEMBER NAME	Ignalino, Benjam	nin						
APPOINTMENT	8/5/2003	<i>MO</i> #	3	EXPIRATION	7/31/2006	TERM	SEE FACTS	
NOMINATED BY	HIV PLANNING C	OUNCIL		APPOINTED BY	Director, Hea	lth and Huma	an Services Agenc	
REQUIREMENT	SEE FACTS			COMMENTS	Community R	epresentative	e.1st Term 8/11/03	

BCC NAME HIV PREVENTION COMMUNITY PLANNING BOARD, SD COUNTY

COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY CONTACT PERSO LAUREN FARBER

PHONE NUMBER (619) 296-3400 MAILSTOP P501C FAX NUMBER (619) 296-2688

## E-Mail Address:

MEMBER NAME	Lecklitner, Lo	uise							
APPOINTMENT	3/19/2004	<i>MO</i> #		EXPIRATION		TERM	SEE FACTS		
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Director, Hea	lth and Huma	ın Services Agenc		
REQUIREMENT	ALCOHOL & DI REPRESENTAT		CES	COMMENTS			- Jean Shepard ent Appointee.		
MEMBER NAME	McCree, Patrio	cia							
APPOINTMENT	8/5/2003	<i>MO</i> #	3	EXPIRATION	7/31/2006	TERM	SEE FACTS		
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors			
REQUIREMENT				COMMENTS	Community R	epresentative	).		
MEMBER NAME	Perez, Maurici	io							
APPOINTMENT	7/23/2002	<i>MO</i> #	7	EXPIRATION	6/30/2005	TERM	SEE FACTS		
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors			
REQUIREMENT				COMMENTS	Community R term.	epresentative	e.Reappointed, 2nd		
MEMBER NAME	Price, Shekera	ah							
APPOINTMENT	6/30/2003	<i>MO</i> #		EXPIRATION	6/30/2006	TERM	SEE FACTS		
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors			
REQUIREMENT				COMMENTS	Community R 07/23/02(7), r		e.1st appointment		
MEMBER NAME	Ruhter, Rita								
APPOINTMENT		<i>MO</i> #		EXPIRATION	6/30/2004	TERM	SEE FACTS		
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	Board of Supervisors			
REQUIREMENT				COMMENTS	Community R	epresentative	).		

BCC NAME	HIV PREVENTION COMMUNITY PLANNING BOARD. SD COUNTY
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	COUNTY DEPARTMEN	HEALTH & HUMAN SERVICES AGENCY	CONTACT PERSO	LAUREN FARBER
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PHONE NUMBER (619) 296-3400 MAILSTOP P501C FAX NUMBER (619) 296-2688

## E-Mail Address:

MEMBER NAME	Santos, Ashe	r					
APPOINTMENT	10/5/2004	<i>MO</i> #	7	EXPIRATION	9/30/2007	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT				COMMENTS	Community R	epresentative	e.
MEMBER NAME	Sipan, Carol						
APPOINTMENT		<i>MO</i> #		EXPIRATION		TERM	SEE FACTS
NOMINATED BY	GRADUATE SO HEALTH NOMIN		PUBLIC	APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT				COMMENTS	Community Reappointee.	epresentative	. SDSU-GSPH
MEMBER NAME	Thorne, Ambe	er					
APPOINTMENT	8/5/2003	<i>MO</i> #	3	EXPIRATION	7/31/2006	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT				COMMENTS	Community R	epresentative	e.1st appt.8/11/0
MEMBER NAME	VACANT						
APPOINTMENT		<i>MO</i> #		EXPIRATION	6/30/2007	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT				COMMENTS	Replaces Bla 08/04/04	ck, Sekou, w	ho resigned
MEMBER NAME	VACANT						
APPOINTMENT		<i>MO</i> #		EXPIRATION	6/30/2007	TERM	SEE FACTS
NOMINATED BY	DIRECTOR OF	HHSA		APPOINTED BY	Board of Sup	ervisors	
REQUIREMENT				COMMENTS	Term starts 7/ 09/29/2004 pe	/14/04Thoma er L. Farber	ıs, Chris resigne

BCC NAME HIV PREVENTION COMMUNITY PLANNING BOARD, SD COUNTY

COUNTY DEPARTMEN HEALTH & HUMAN SERVICES AGENCY CONTACT PERSO LAUREN FARBER

PHONE NUMBER (619) 296-3400 MAILSTOP P501C FAX NUMBER (619) 296-2688

E-Mail Address: wilma.wooten@sdcounty.ca.gov

MEMBER NAME Wooten, Wilma, MD

APPOINTMENT MO# EXPIRATION TERM SEE FACTS

NOMINATED BY DIRECTOR OF HHSA APPOINTED BY Board of Supervisors

REQUIREMENTS COMMENTS HHSA Appointees.